

2001 UNIFORM BUSINESS REPORT (UBR)

0001109 AF

DOCUMENT # A33036

1. Entity Name
- CHelsea PARC AT TUSCAWILLA, LTD.

Principal Place of Business Mailing Address

**730 LAKE CREST COVE
 ALTAMONTE SPRINGS FL 32701** **730 LAKE CREST COVE
 ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

Zip Country Zip Country

FILED

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**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3170086** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**- ROBINSON, BOB L
 730 LAKE CREST COVE, #B
 ALTAMONTE SPRINGS FL 32701**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when registered agent is changed)
 Signature, typed or printed name of registered agent and title if applicable. DATE

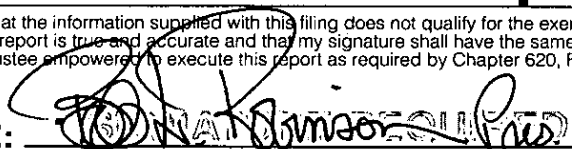
9. Capital Contributions as Shown on record. **\$1,500,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$400,000.00** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000004109 CHELSEA PARC, INC. 730 LAKE CREST COVE, SUITE B ALTAMONTE SPRINGS FL 32701	STREET ADDRESS CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **Feb 2, 2001 407-260-9653**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)